The development of online services for information and advice supporting the Care Act 2014

7th August 2014
Contents

Executive Summary ........................................................................................................................................... 3
Introduction – the legislative requirement ................................................................................................... 5
Defining your audience ............................................................................................................................... 8
The Business Requirement .......................................................................................................................... 10
Quality of online user experience ............................................................................................................... 12
Integration of user experience .................................................................................................................... 14
Further quality matters ............................................................................................................................... 16
Coverage – components ............................................................................................................................... 16
Tools and applications for service ............................................................................................................... 17
Directories of locally available support & services .................................................................................... 23
Continuous improvement through monitoring ......................................................................................... 28
   Reasons for not going online ............................................................................................................... 29
The limits of on-line information ................................................................................................................ 30
Accessibility of on-line information ............................................................................................................ 31
Working in partnership .................................................................................................................................. 32
   Local partners ........................................................................................................................................ 32
   Local and national connectivity ............................................................................................................. 34
Legal aspects of on-line information .......................................................................................................... 35
Raising awareness of the online services .................................................................................................... 36
Implementing on-line advice and information Business case .................................................................... 38
   A. Costs ................................................................................................................................................ 38
   B. Benefits ........................................................................................................................................... 39
   C. Strategic benefits .......................................................................................................................... 41
Project/programme management ............................................................................................................... 42
Executive Summary

Online information and services are critical to meeting many of the duties under the Care Act and delivering the wider care and support reform programme, but they remain a developing and immature area.

The vision that underpins this report is of a continuously developing, but sustainable, online resource of information and advice and public tools for all the community, that:

- enables the local community and care suppliers, led by the local authority, to partner together in understanding what online information about care and support is and their interlocking roles in making it available,
- enables individuals (and their agents) to help themselves to plan for and obtain timely care, mainly through resources in the community, and care suppliers. Those with high needs will be able to use tools to support the dialogue around self assessment and start the process towards either council funding or applying for care accounts.
- provides evidence of what services are available, used and needed, so that the overall market can be influenced.

Using online information will often be the primary way of making information available and accessible to the wider public, to people who have care and support needs, their carers, family and friends.

This is an opportunity to build the alliance of organisations, both large and small, that contribute to care and support in the community, delivering information which clarifies their roles and the overall “system” in a combined information offering (or linked set of offerings). This offering is equally a resource for all their staff in their role supporting and advising the individual citizen, helping them to make informed choices, and this will need some skill development.

Information and advice is frequently not limited to the local community. Councils (especially smaller councils) have found financial and skill advantages in collaborating with neighbouring authorities or regionally, and using developing national resources, which can be shared through syndication.

The resource should be built with the direct involvement of (and in co-production) of local citizens around the individual’s journeys and information needs that are central to care and support. Those who will benefit from improved access to information and advice should not be seen as being confined by an old-fashioned view of ‘service users’ but include self-
funders, carers and wider family and friends and, critically, local advice agencies and the voluntary sector more generally.

Disproportionate reliance on information and advice for the public only available through the authority’s website, or third party websites, is unlikely to meet all the authority’s duties under the Care Act or responsibilities under equality legislation. The overall strategy should set out an appropriate mix of channels and expertise to meet the local population’s needs and expectations.

While it has many advantages, online access to information does introduce new issues:

- poor website design can create as many problems as good design removes. Failure to find information leads to dissatisfaction or avoidable and costly extra contacts as people resort to offline channels to find what they are looking for.
- developments may have no effect unless you make people aware that the service is there by promoting it and helping them to use it.
- it is important to track the use of online services and access so that continual improvements can be made to the online experience.

On-line information and tools to enable self-assessment of needs and finances, care account application, and support planning will be an essential part of meeting the challenge of additional work to handle the introduction of care accounts in 2016, and this will change the nature of the users. Links to back-office systems will be important in this area.

Building this service requires strategic definition, varied specialist skills and project management, which will challenge the council and its social care, information technology and public communications staff.
Introduction – the legislative requirement

1 The purpose of this document is to support local authorities to meet their duty to establish and maintain information and advice services relating to care and support for adults and carers under the Care Act 2014\(^1\) and Statutory Guidance published for consultation on 6 June 2014\(^2\). It builds on the initial publication from ADASS and SOCTIM on building a business case\(^3\). The focus of the publication is the development and improvement of information and advice through on-line channels. As such, it needs to be seen within the context of wider digital strategies\(^4\) and read in conjunction with more general support on information, advice and brokerage services provided by the Think Local Act Personal (TLAP) Partnership\(^5\) and more general publications from the Joint Social Care Reform Programme office\(^6\).

2 The document has been put together by a small group with the ADASS Information Management Group (IMG). It builds on what we know some local authorities are doing now and the wider aspirations for the information/informatics systems that have been set out by the IMG in *Web of Support*\(^7\). It does not claim to cover everything and the examples and case studies included are only the ones that have come to the Group’s attention. This represents an opportunity for a continuing dialogue on how on-line information and advice services may develop, what works best, and what you have found does not work well. It provides a range of issues that local authorities will need to think about and it sets the context for how we can work collectively to build a more robust framework for evaluating the broader cost-effectiveness of its delivery.

3 The high level messages will be of particular relevance to:

- Directors of Adult Social Services
- Council Chief Information Officers
- Healthwatch
- Those in corporate council services around information and web provision
- Local health trusts information services
- Voluntary and private sector providers of information and advice

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\(^2\) [http://careandsupportregs.dh.gov.uk/](http://careandsupportregs.dh.gov.uk/)


\(^5\) [http://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/](http://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/)

\(^6\) [http://www.local.gov.uk/care-support-reform](http://www.local.gov.uk/care-support-reform)

\(^7\) Awaiting IMG page on new ADASS web-site
Housing and supported housing services

The detail and references to examples and developing work being undertaken in the field will be of relevance and interest to those directly engaged in providing care and support information and advice to the wider public.

4 The Care Act requires local authorities to establish and maintain an information and advice service about all care and support (not just the council services) in their area. This service must cover the needs of all its population, not just those who are in receipt of care or support which is arranged or funded by the local authority. It brings together, modernises and gives a more detailed explanation of the existing duties placed on local authorities to provide information and advice about care and support. The developing Statutory Guidance (currently published for public consultation) provides more detail on:

- ensuring the availability of information and advice services for all people, who in particular might benefit from information and advice;
- the local authority role with respect to financial information and advice;
- the accessibility and proportionality of information and advice;
- the development of plans and strategies to meet local needs.

5 It is important to distinguish between information as the communication of knowledge and facts regarding care and support, while advice is helping a person identify choices, and/or providing an opinion or recommendation regarding a course of action. Most of this document is therefore about information, since advice implies a more personal service. However, it is possible to tailor some level of online advice to people based on interactive systems and information they record about themselves. There is increased level of interest and an increasing number of developments in this area.

6 The Care Act brings in wider system changes than information and advice, and the introduction of Care Accounts in 2016 introduces a whole new range of people who will have a direct contact with the Council. Councils will need to consider how they build their information and advice to handle both:

- the 2015 introduction of the Information and Advice requirement
- the 2016 addition of Care Accounts which will require some changes to information about how the local authority works. From 2016, current self-funders or their carers will be applying for Care Accounts. This new cohort of users and their carers are likely to have higher levels of internet access, online skills and service expectations.
While the Care Act requires local authorities to establish and maintain a service, it does not require that they provide all elements of this service directly themselves. Rather, under this duty local authorities are expected to understand, co-ordinate and make effective use of other statutory, voluntary and/or private sector information and advice resources available to people within their areas. This may also include provision of a service, or parts of a service, in conjunction with one or more local authorities, health services, Children and Family services, or reuse of information from other local or national sources (See paragraph 61 on partners).

For local authorities who have not already embarked on this route, this is a significant undertaking and will require an information and advice strategy to ensure that accessible, accurate and good quality information and advice is available to support choice for citizens across a variety of channels, ie web, telephony, face-to-face support and with and through a variety of partners.

Information and services will be critical to the success of the Care Act and should be thought as being online first. Using online information is recommended as the primary way for the public and information providers to access information about care and support in the future. Citizens increasingly go online for the information themselves (83% of adults now go on-line, and 42% of over 65s – an increase of 9% in the latter in a year\(^8\)), and those encouraged to source and control their own care packages need information. All the intermediaries who support those citizens also need online access (whether family, friends, carers, health and social workers, employees in contact centres or one-stop shops, or voluntary or commissioned services in the community). In other words, those who provide offline support could themselves depend on online access to a store of information.

Rather than being seen as just another channel of communication with the public, there are many clear reasons why an online information store provides the foundation for all other channels:

- It can provide a single authoritative source, linked to the reputation of the providing organization, rather than conflicting sources, particularly enabling out-of-date information to be removed
- It is easier to maintain, when managed in a devolved way, by applying the concept of ownership for different components
- It can be accessed in a variety of ways, eg from search engines
- It is available on a 24 by 7 basis every day of the year.

\(^8\) Ofcom Adults’ media use and attitudes report 2014, p.4
http://stakeholders.ofcom.org.uk/binaries/research/media-literacy/adults-2014/2014_Adults_report.pdf
- Key parts can be printed and so made available on paper in a flexible way
- It supports a variety of intermediaries using other channels.
- It can be linked easily with many other supporting sources of information
- Online access is significantly cheaper than offline access (see business case below).

This enhances the role of social care workers by allowing them to concentrate on the personal and emotional issues, where they are needed, or, on providing professional advice in circumstances too complex to be dealt with easily on line.

**Defining your audience**

11 For both the overall strategy, and because all technology should be defined around the user, a key element will be defining and working with the proposed audience, which is likely to vary from authority to authority according to local demographics.

12 There are legitimate differences in the approaches taken by different local authorities in providing on-line information and advice on care and support. Some provide it exclusively as part of the wider Council’s website while others have made policy decisions to maintain care and support information distinct either provided in-house or through partner or commissioned services.

13 Whatever approach is taken, the wider community itself is often the essential element of support for those in need of care and support, in particular for those who may benefit from preventative services or those with lower levels of care and support needs. By supporting the individual, their family and carers to be more self-reliant, reinforcing personal choice and control, information is a critical part of supporting “personalisation” and person-centred support planning. Enabling the community to play its role in this can have a radical effect on the design of such on-line information and advice services, which are now both for individual and community support.

14 Some authorities think that this can need the online resource to look more like a community site, and linked telephone enquiry resources would sometimes act as a helpdesk, encouraging the individual or community representative to help themselves. For example, Birmingham have seen their online resource closely linked to their Community Navigators (case study – Appendix A). If this is the approach of an authority it needs to put skills and resources behind it. This will include skills of community communication and development; skills around enabling devolved design and delivery, while ensuring that it is still clearly well linked for those that choose the local authority
rather than the community as the starting point. If a community approach is taken, it will need to cross more than the social care sector, since the same people are served especially by health. It also enables a move towards an individual sourcing direct provision.

Further support can also be provided by helping the community discuss and feedback on-line.

15 Wider population - Local authorities are responsible for ensuring that all adults in their area with a need for information and advice about care and support are able to access it. This is a very broad group, extending much further than people who have an immediate need for care or support, their carers and family. It will only be achieved through working in partnership with wider public and local advice and information providers.

For example:
- People wanting to plan for their future care and support needs
- People who may develop care and support needs, or whose current care and support needs may become greater. Under the duty of prevention in Clause 2 of the Act, local authorities are expected to take action to prevent, delay and/or reduce the care and support needs for these people.
- People who may benefit from financial information and advice on matters concerning care and support.
- People who have not presented to local authorities for assessment but are likely to be in need of care and support. Local authorities are expected to take steps to identify such people and encourage them to come forward for an assessment of their needs.
- People whose eligible needs for care and support the local authority is currently meeting (whether the local authority is paying for some, all or none of the costs of meeting those needs)
- People whose care and support or support plans are being reviewed
- Family members and carers, who may well act as agents for adults with care and support needs, or those who are likely to develop care and support needs,

16 The resource is also there for care and support staff and professionals within the local authority, private, voluntary and health services, as well as voluntary and private sector providers of care and support information and advice.

For example:
1. Dedicated - call / contact centers
2. Community navigators
3. Health referrers – especially GP practices
4. Local advice agencies
5. Local care providers staff
The TLAP report “Advice and information needs in adult social care” is an interactive map that demonstrates people’s typical journeys through the complicated care system and identifies the "pinch points" where councils and other organisations need to improve the information and advice on offer to people and families. It illustrates how both traditional service, and the new provision of care accounts both move through a process of discovering whether needs are sufficient to trigger Council service, and whether individual finances are so limited that the Council will provide support. For people that do not meet the thresholds, there will be a need to consider how to use services already available in the community (and potentially pay for them, alongside the provision from personal carers).

Once the audience is defined, they need to be involved in defining the main journeys that they will undertake, and the information needed for these journeys. Too often information and technology can be designed from the point of view of the organisation and not its users.

Each council will need to analyse customer needs and study the questions that they ask online, but what the citizen might want could cluster around

- What to do? (when I can no longer ...)
- Who can do things for me?
- What do they offer?
  - Quality
  - Registered or not
  - Feedback/reviews
  - Price (for what)
- Availability
- Who funds my care?

The Business Requirement

The four main objectives we have found in supporting these audiences and their journeys are as follows:

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9 http://www.thinklocalactpersonal.org.uk/Latest/Resource/?cid=9553
Communicating processes and issues around obtaining council social care: The traditional role of enabling the Council to communicate its main messages about social care, answering the main questions that the public and their agents have e.g.:

- What care would be right for me?
- What care am I entitled to?
- Who pays for it?

How well and easily the council can answer these questions or pass people on to ways of finding answers will be critical in their judgment of the effectiveness of the council site. East Riding has structured its approach to current internal social care services around such priority questions. The answers may also depend on a lot of individual circumstances and design needs to accommodate this through linking some of the tools below with information (eg “people with similar needs procured this sort of resource”)

Supporting access to all care and support services, especially through a range of care advisers and including self-service where people or their carers wish.

Enabling the council to support advice and information through a web of organisations and individuals that specialise in this field - whether formal advice and information services, or, more informal volunteers. (Ipsos Mori research for Surrey on self-funders suggests that “personalised and impartial advice is seen better coming from independent agencies …”)\(^\text{10}\) This would require a much wider base of information to support a more knowledgeable audience. It would still need to be organised by the priority questions that people need to answer, although it will also need to deal with the wider nature of social care by storing quite specialist information and making it available. It does not store information around professional expertise, but resources and ideas to cope with situations which people have previously handled themselves in their everyday lives. (e.g. it might hold details of types of equipment, but suggest that expert help is needed in some cases)

Providing tools that help people and their families/carers to discover what changes and services could enable their wellbeing and the lives they aspire to lead. Tools that might also enable them to source, budget and pay for, and manage these services. All tools should also be considered from the point of view of allowing co-production of a support plan (or interim documents) with experts in a joint process. Where the person applies for council services or a care account, the information should transfer to the council’s back office system

\(^\text{10}\) http://www.local.gov.uk/web/guest/care-support-reform/-/journal_content/56/10180/6236264/ARTICLE
through an open API where appropriate. This area is as yet very immature.

- Providing (access to) a **directory of the services available** to support local people. Services can be very wide ranging, both paid for and free, and include for example shopping services or financial advisers. This is one of the major tools that enable choice and control in care.

20 Linking all four of these purposes together presents a major challenge for the social care department, its partners in care and support and how it is supported by Council communications staff, the IT service and any website designers. All will need to cooperate to ensure that the different building blocks merge into a series of easy-to-use customer journeys. It will be important to ensure that appropriate technical and knowledgeable skills are available to manage the creation of the elements above.

21 Some councils, especially where new partnerships are created (like Staffordshire\(^\text{11}\)), may choose to participate in developing a site separate to the main council site on the grounds that it enables a wider community resource that encourages greater self and community reliance. In such cases it is vital to establish the respective care and support roles of both the new and council site, and link it with the council site in a way that avoids any confusion to the visitor.

22 Coupled with the task will be linking between local and national sources of information (see section below); finding and linking with partners in information and advice provision and managing the business benefits of ensuring increasing use of a digital channel, alongside appropriate use of other channels.

**Quality of online user experience**

23 The quality of online user experience is critical.

*Digital services so good that all who can use them prefer to use them.*

(Government Digital Strategy (GDS))

This GDS mantra is a simple and extremely powerful statement of the ‘digital by default’ policy. Like personalisation, it puts the customer right at the heart of the digital service and reminds the organisation at every stage of the digital journey, that when the online service fails to work, its plans for cost effective information provision will come to

\(^{11}\) [http://www.staffordshirecares.info/Homepage.aspx](http://www.staffordshirecares.info/Homepage.aspx)
nothing.

24 The main reason why people will choose to interact with local public services online is because it is quicker, cheaper and more convenient/time than an offline equivalent. Once they have used an online service easily and successfully, people are likely to repeat the experience, encouraging others by word of mouth to do so as well.

25 The Government Digital Service has defined some principles behind good design:

- Focus on meeting user needs (not building websites!)
- Prioritise the common case (not the exception)
- Be obsessed with user feedback and constant user testing
- Achieve consistent user experience for all parts of service
- Overall, less is better, as can be seen on www.gov.uk!

Further advice is available from https://gds.blog.gov.uk/ and Socitm¹²

26 These principles make ease of use the prime guidance for the implementation of digital services. This requires experience in attention to a range of issues, including:

- an understanding of customer requirements
- re-designing the service from a customer viewpoint
- designing carefully the customer journey for each task
- testing ease of use at all stages of development
- seeking customer feedback during and after implementation (see Continuous development through monitoring below)
- measuring the success of online services at all steps during the process
- being responsive in adapting at all stages to change.

27 Following the information principles outlined by TLAP¹³, the customer focus starts by involving them in the design - well before the customer sees the service online.

28 Poor design, where the online service is hard to find or the task difficult to complete, will lead to an ‘avoidable contact’, using more expensive offline channels (usually the phone). There will be a disincentive to try online again.

While it has many advantages, online access to information does introduce new issues. A prime example of this is the potential linking across websites needed for the multi-agency nature of social care.

¹² https://www.socitm.net/research/socitm-insight/insight-reports/do-you-do-digital
¹³ http://www.thinklocalactpersonal.org.uk/_library/AIPrincipalsFINAL.pdf
Integration of user experience

29. From a user point of view, they want an integrated experience. Too often Socitm reports\(^\text{14}\) have shown social care providing an inadequate on-line response as the user journey falters between different providers of information.

30. There are several different models that require linking, which include:

- The council may be the gateway to a shared service in which it has a direct stake (typically, a joint adult advice and information service for care and support with local health, voluntary and community services, and social care providers).

- The council may wish to refer the customer to an external service that is not in any sense the council’s responsibility where the external service adds value (e.g., a financial advice site).

- The council may be a member of a large consortium of councils developing a shared digital asset and working with a third-party supplier (e.g., the “Connect to Support” service\(^\text{15}\), which is a regional online marketplace for social care in Yorkshire & Humber, or CarePlace\(^\text{16}\) in London).

- The council may have a direct commercial relationship with a third-party supplier.

> “I followed the links promising more information and answers, from the council website to another, was passed on again only to find myself being referred back to where I started. Inevitably, I felt a little frustrated.”

User comment

31. The advantages of sharing relevant information supported by a third party in any of these situations, whether for saving costs or building an alliance are obvious. Less obvious are the usability problems that can arise if they are not properly integrated with the customer firmly in mind. It is equally critical to integrate third party material or software with the council’s site around a smooth customer journey as it is to select the right third party in the first place. There may be a world of difference between a very good implementation and a poor implementation of the same resource. For example

\(^\text{14}\) https://www.socitm.net/research/socitm-insight/better-connected
\(^\text{15}\) https://www.connecttosupport.org/s4s/WhereILive
\(^\text{16}\) https://www.careplace.org.uk/
just handing on to the home page of a new site (and then re-starting the process), when the customer has already got to a specific stage in the journey. The way to avoid this disruption is to see the task from the customer viewpoint. The customer could not care less how the service is provided and by whom. They will however want to know the provenance and reliability of the subsequent information (e.g. including a logo for the subsequent site).

32. The ultimate judge of success will be the user. To resolve symptoms of poor integration, testing with live users is the way to reduce the risks of getting it wrong. Socitm’s team of reviewers often come across examples where the whole customer journey for a task using a third-party application or information provider cannot have been properly tested. Even when the shared resource itself does not need re-testing, the integration with the council site certainly does.

33. The customer should not be expected to know about the existence of any shared resource or partnership, though awareness of the approach can give additional reassurance on the quality and consistency of content. The following principles are recommended as issues to think about:

- The council website should provide basic information about the information service, including an overview of the shared service arrangement.

- The shared resource should be clearly signposted, optionally explaining the customer benefits of the arrangement, rather than the benefits to the council.

- If the shared resource has to be branded differently from the council, then including a screenshot or logo of the shared service website will reassure customers that the website to which they are to be taken is the correct one.

- The design of the shared resource should (where possible) prominently incorporate the logos of the partner(s), visible on every page. This will provide additional reassurance to the customer of the legitimacy of the shared service website.

- Customer journeys from council website to shared website should be carefully planned to ensure a seamless transition from one site to another, with explanation of the change of website at appropriate points.

- It should be remembered that text on the shared resource is not available to the customer in the search function on a Council site (and vice versa).
Further quality matters

34. One of the tensions that undermines a good user experience is the tendency to push access to social care through a single and often time-consuming assessment and financial assessment process. Kirklees have come up with an approach to triage – with simplified needs and financial assessment questionnaires to help people see whether they are likely to be funding themselves or whether they might qualify for supported care\(^\text{17}\). This attempts to answer two major questions:

- Who is going to pay for my care?
- Are my needs covered by Council Care (and in the future Care Accounts)?

35. As well as mapping the customer journey they should be enabled to see where they are in the system, eg via a “breadcrumb trail”.

36. A search facility (maybe restricted to care and support matters) opens up information for less defined approaches, remembering that there may be approaches by need, service or health conditions. There are also problems around the wide vocabulary of care which can mean searches fail to find material.

37. There are a number of Socitm reports\(^\text{18}\)\(^\text{19}\) that set out the broader application of ICT to the wide range of services provided to local communities that include the important leadership, management and culture that need to be taken into account when innovating in this area.

Coverage – components

38. The legal duty on local authorities to establish and maintain an information and advice service on care and support for its population is set out in section 4 of the Care Act 2014\(^\text{20}\) and explained in more detail in Statutory Guidance\(^\text{21}\), published for consultation on 6 June 2014.

39. We have listed below a few bullet points that the Act brings out:

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18 https://www.socitm.net/research/socitm-insight/insight-reports/innovation
19 https://www.socitm.net/research/socitm-insight/insight-reports/better-less
Wider information and advice to support individual wellbeing and prevention
Planning for future care and support needs and how to pay for them,
How to access the care and support available locally –
The choice of types of care and support, including reablement, and the choice of
care providers available in the local authority’s area
Details of the processes and judgments that the local authority follows around
assessment, eligibility, support planning and review
Where to find help for self-assessment or support planning
The charging arrangements for care and support costs (utilising current and
developing national resources).
The possibility that people may not have capacity to make decisions for
themselves in the future
How to access independent financial advice on matters relating to care and
support (e.g. independent financial advisers or SOLLA members (Society Of Later
Life Advisers) in the directory of services). While the act’s emphasis on financial
information and advice is a relatively new area, the techniques for handling it on-
line are not substantially different. The area is best covered by more of a national
piece of guidance (and maybe national tools), with local information linking to
this, local directories listing relevant advisers.
How to raise concerns about the safety or wellbeing of an adult with care and
support needs
How to obtain support as a carer

As they were designing, Barnsley put all their navigation structure into one PDF file.
While the navigation has changed considerably since, the headings used may provide
a useful checklist to much of the information that could be included, and this is
attached as appendix D.

Tools and applications for service

40. The basic aim of tools is to support citizens in their self-directed support, particularly
where they do not have access to council funding, through lower needs or a better
financial position. Some will also be relevant for situations where a service user controls
their own care through direct payments.
As citizen tools, they may also figure in the future as ways to enable co-production of
the basic elements of joint support planning, by providing needs and outcomes
definition, support plans and management of ongoing care.
If devised alongside council records for care, they may also address the council’s

business need for increasing self-service, especially for the people applying for care accounts. Some councils are constructing future plans around this. It should be noted that this area is not mature and may need to reconcile different personal, professional and managerial information requirements to support personalised care.

**Potential co-production in an assessment and support planning process**

41. The table below is an attempt to look at what the council tends to want on-line if people are working to help themselves, and what citizens might want to help them support themselves. Two documents in particular have helped think about this: *Personalisation through person centred planning* and National Voices Guide to care and support planning.

<table>
<thead>
<tr>
<th>Question to be answered</th>
<th>What the citizen may need in a tool</th>
<th>What the council may need in its system</th>
<th>Online element (may need both a tool, a method of storage, and a method of communication)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Who funds my care?</td>
<td>Rapid check of needs and finances on a council tool, or be talked through this – at least for indicative result</td>
<td>Brief triage questions around needs and finances – where possible indicating eligibility (subject to review) and either signposting to other services or offering starting point for fuller assessment where more complex or specialist circumstances.</td>
<td>Online triage, to enable citizen to estimate the likelihood of council support or availability of a care account</td>
</tr>
<tr>
<td>2. How do I get council care, or, access to a care account? - an application</td>
<td>Tell them who I am (my network) and why I am applying</td>
<td>Receiving the application (+ answers to needs and finance questions above), acknowledging it, checking identity. If not attached, encourage citizen to detail what is</td>
<td>On-line application for service, with information passed through from triage tool, and possibly a one-page profile and details of the network.</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Step</th>
<th>Question</th>
<th>Key Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td>What do they need to know about me? Start with a one page profile (maybe)</td>
<td>Beginnings of a One page profile or similar</td>
</tr>
<tr>
<td>4.</td>
<td>How do I understand what I need? Helping analyse the problems across a series of headings</td>
<td>Currently professional discussion, but how to enable self-help. May start in one page profile, but could also be text in a series of headings</td>
</tr>
<tr>
<td>5.</td>
<td>Who currently helps me? (about personal carers)</td>
<td>Unknown and may be in one page profile, but could also be textual in (electronic?) discussion with carer(s)</td>
</tr>
<tr>
<td>6.</td>
<td>What would effective support look like for me, what would be my outcomes and priorities?</td>
<td>Thinking about potential outcomes for the needs and how the personal support can be used</td>
</tr>
<tr>
<td>7.</td>
<td>How much will it cost me? (How much resource will the council allocate?)</td>
<td>If self-serving, the citizen could usefully know roughly how much budget would be allocated to outcomes by a council</td>
</tr>
<tr>
<td></td>
<td>8. What services, including my effort and personal support, might achieve the outcomes?</td>
<td>Access to services (and possibly advice) - knowing price, quality, availability, and ability to put together in a basket. Microcommissioning (tendering for a package of care needs for an individual)</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>9. Is this in-line with what we have budgeted?</td>
<td>Costing of result compared with resource and adjustments</td>
</tr>
<tr>
<td></td>
<td>10. Have I achieved an agreed support plan?</td>
<td>Support plan defining who does what and when, including the personal support. This is not just about services but also can be about attitudes, and may need documenting by updating the one page profile.</td>
</tr>
<tr>
<td></td>
<td>11. Is my support plan working, and has anything changed?</td>
<td>What of support plan is not working and any changes in needs</td>
</tr>
<tr>
<td></td>
<td>12. How do I manage the budget, care and payments as my care is delivered?</td>
<td>Budget monitoring Approving actual delivery Payments</td>
</tr>
<tr>
<td></td>
<td>13 Charges</td>
<td>Methods of paying Statements</td>
</tr>
</tbody>
</table>
14 Tools for on-line work (and other)  |  Sharing with others  |  Ensuring councils have the right person  |  Managing identity  
|  |  |  |  Managing consent  
|  |  |  | Managing advanced directives

42. Current tools like the Birmingham system (circa 500 self-assessment per month of which around 10% come in to the council as referrals)\(^{25}\), the Staffordshire game/tool \(^{26}\) and developments with the independent and not-for-profit sector like Salvere\(^{27}\), need evaluation for their effectiveness in helping citizens to serve themselves. There are also new developments starting in Leeds, which build on an integration tool that centres on co-production and using the third sector as glue for development. The possibility of extending tools towards traditional social work could also usefully be explored, alongside access to current records.

At present individual councils are experimenting at a local level at their own risk. **With the rapid increase in internet use by older people (and their agents), it is important that both policy and social work practice help define and evaluate how on-line tools will help develop self-help, co-production and self-service.**

Learning from Birmingham is that it is not just a matter of having the tools, it is also about cultural change, especially in the internal workforce, who need to find how they fit into their practice, and how they support people to use them. The Birmingham system has therefore also concentrated on flagging up support aids and pieces of equipment to help people help themselves, and, where appropriate suggests the offer of expert advice.

43. If one of the aims is to ensure speedy service – often with the citizen buying some of their own care, the following diagram may help summarise the requirements at a high level


\(^{26}\) [http://www.memyselfandigame.co.uk/](http://www.memyselfandigame.co.uk/) [http://www.staffordshirecares.info/Homepage.aspx]

\(^{27}\) [http://www.salveredirect.com/](http://www.salveredirect.com/)
Ways to speedy service 2016

44. The relationship of these tools to current client records systems and future care account systems needs to be investigated and managed, and there is a need for standards to enable exchange between citizen tools and systems. Such standards would underpin APIs to actually implement the exchange, as one of the recommended ways forward in the DH guidance note\(^{28}\), and standards need to develop rapidly. A priority could be for current client record systems to accept an online self-referral from an external application.

An alternative is to use the client records systems and their “portals” to house these tools and couple them with the records systems. Whether this leads to co-production or the imposition of current systems on the user needs to be examined.

There are other examples for helping the citizen in some aspects of managing their care like Finerday\(^{29}\) while some people can use existing social media sites like Facebook.

45. Since some on-line tools are likely to store citizen information, there is all the normal work to do around information governance, and security of confidential information, including penetration testing.

46. In future developments, where on-line tools have been used (even if they have resulted in a rejection of a request for service or care account), they (like client record systems)

\(^{28}\) http://www.local.gov.uk/documents/10180/11411/Social+care+information+and+technology_care+and+support+reform+discussion+paper.pdf/f4dbc387-2106-45f1-8402-56492bdd4cf1

\(^{29}\) https://www.finerday.com/
may have created data, which would allow the personalisation or targeting of information to the individual. Sites like Amazon also typically use data to say “have you thought of this alternative product?” Future sites may be able to build up profiles suggesting care services or products for people who have similar needs and proposed outcomes. This is the journey that the national NHS Choices resource is setting out on and there will be relevant learning for local systems from this development.

47. Tools and information can also provide more focus to the conversations with professionals or call centres, but they cannot easily replace key parts of social care or occupational therapy practice like the home visit, with all the rich visual information and interaction visits can bring.

48. One of the business benefits that accompanies the concept of care accounts was that people were likely to come in contact with social care for an assessment in advance of becoming actual service users, and could then be enabled to plan to prevent future care, something that may need more professional experience than on-line tools. While on-line is the best method of storing and imparting information, there are many instances where the complex (and co-produced) processes of social care assessment and support planning can also require personal and professional contact. A key part of the developments will be to explore, define and continue to develop such boundaries.

Directories of locally available support & services

49. Sometimes known as e-market places, these are one of the major tools for self service. There are a lot of choices to be made in these, partly due to the differences between an information directory and a transacting marketplace and functionality is not completely mature.

- **Directory or e-market-place.** While most directories are designed to guide people to organisations from which they can purchase services (and one organisation can provide many services), the concept of an e-market-place which is more about transactions, does not seem to have taken off in social care. As yet people seem to transact for purchasing care through individual contact. Plans for Connect to Care in Yorkshire and Humberside currently envisage such transactional functionality. Usage in London with CarePlace is also spreading – crucially based on transactions for internal professional workers first and then by the public. Certainly the purchase of care is not normally a simple transaction (with the possible exception of equipment - but even then there can be
complexity to help choose the right equipment - it is worth looking at ASKSARA[^30] as a model for this, which Birmingham has built into its site)

- **Width of care and support.** There is a decision in the directory about how wide care and support is defined, again best informed by what the customer is likely to want. It may well include people that support the process (independent advisers, social workers, support brokers, financial advisers etc). While some things may be pointers to other resources/information, it should be remembered that things like decoration, shopping, pets, gardens are all rich parts of a citizen’s life and wellbeing. Many of the directories are split between voluntary/community resources and those with full costs, we are not sure that this is the way a customer would look at it.

- **Linking needs and services.** There will be developing facilities that can link qualities of life and outcomes for support with types of service on the basis that other people with similar outcome requirements have used these services.

- **Guides to types of service.** There can also be guides to types of service, and tips on procuring them, and maybe there should be guides to all the types of service identified in a directory, their potential uses, and any tips about procurement – which Birmingham has developed for most services and East Sussex for domiciliary and residential care. The guides would even be useful help links, attached to the method (e.g. tiles) for finding and choosing types of services.

- **Syndicated services** (syndication is the ability to embed, automatically update and re-badge information created and stored elsewhere) This is one of the future developments that is particularly important to the concept of a web of supporting organisations. At this moment NHS Choices enables syndication of its content and specifically the directory of registered care suppliers (residential and domiciliary). The Care Quality Commission also has a widget enabling access to its reports. There will be attractions to care providers in providing one source of information rather than having to update many directories, and Council boundaries are not limits of care provision. This needs more exploration in a field of many co-operating partners. (Appendix B provides a guide to syndicated services and widgets from NHS Choices)

- **Look and feel** There has been a tendency to use pictures to make social care sites feel friendly. Modern research (e.g. from Jakob Nielsen[^31]) shows this does not work. The result can be seen on GOV.UK which minimizes use of pictures, except

[^30]: http://asksara.dlf.org.uk/
[^31]: http://www.nngroup.com/articles/photos-as-web-content/
where they convey information (like the picture of a piece of equipment). Pictures can also be at a cost of space on a page, and one finding from working with users is that the top of a page is crucial. Directories of information are also potentially shared with children’s services (especially their SEN offer), but children may have different approaches to adults.

- **Vetting and recommendation.** There can be a problem for a local authority in the fact that it publishes information about a care service. Is this a recommendation? Different authorities have handled this in different ways. Some from a point of view of caveat emptor - with clear disclaimers about the information, while others only publish about suppliers that sign up to a code of conduct. Some authorities have also introduced a “Support with confidence” scheme\(^{32}\) (e.g. Surrey and Oxfordshire), growing out of local authority Trading Standards “Buy with confidence” schemes. Such schemes can charge for training and other checks, before accrediting care organisations or Personal Assistants. It could be argued that codes of conduct etc. could be indicated by some form of kitemark (as Support with Confidence is indicated by a logo) on a more general directory. Age UK also have a Trusted Traders online scheme developed in Nottinghamshire. Syndication can also have an effect here, if the elements of the entry are created in a directory with different rules for supplier updates.

- **Adverts or listing, prices.** This is also part of the directory/marketplace split. Some authorities use large tiles as adverts for suppliers, but thereby reduce the numbers on a page, while more primitive listing (with links to larger entries) can make the site seem less interesting or friendly. The guarantee about the descriptive wording and/or the prices, and what services/quantities they represent needs to be considered. This is a decision about what the directory is for, and may also be influenced by the width of coverage. The public will probably want some pricing information, since it will always be a part (but not the only part) of a decision about care, but it is important that pricing is comparable (by definition and standardization of the unit of the cost?). Many directories have not gone to the stage of typical commercial sites that allow you to filter or sort information by distance, reviews, or price. Pricing policy might fit into a code of conduct, but some authorities stick carefully with a view of “let the buyer beware”.

- **Availability.** While this may be important for the public, and may be associated with another concept of a waiting list, maintaining it, except in a syndicated situation, would have its difficulties. The NHS Choices providers’ pages enable them to indicate whether they are accepting new service users.

\(^{32}\) [http://www.supportwithconfidence.co.uk/](http://www.supportwithconfidence.co.uk/)
• **Reviews and moderation.** Some sites have enabled their public to input reviews of care suppliers, but many systems have not implemented this, even when available, due to fears about the content that may be recorded. This fear is normally addressed by moderating content (with associated costs) before publication (something the health site Patient Opinion and its social care partner Care Opinion\(^{33}\) know a lot about and have turned into a process of feedback and improvement). For many internet purchases, reviews are a valuable tool in helping to judge between products, and Leeds has a sophisticated approach over several categories. Users of care tend not to be the sort of people who will write on-line reviews, and may worry about subsequent treatment in a care facility. Since social care places many people directly with suppliers, it may have ways of encouraging reviews.

NHS Choices offers a free service of collecting reviews of registered sites from partners, moderating them, aggregating them and syndicating them back out, which may appeal to authorities. This depends on being able to embed the same identifiers as NHS Choices. There is a need for a standard in this area.

• **Personal assistants.** Since details of personal assistants are about individuals, their appearance in the directory of services has data protection implications, and they may not want their name and contact details too widely broadcast. Some local authorities operate separate directories of personal assistants and provide guidance on employment law. For example, the not-for-profit organization Salvere is one of an increasing number of providers who offer a joint service both to personal assistants and the citizens who employ them, enabling navigation of employment law, tax, CRB checks etc. Since personal assistants are in competition with other forms of care in the home, it may be important to ensure that something (some form of placeholder) also appears in the directory listing for care in the home, even if individual details do not. This may be true of other forms of service (like supermarket shopping services) which may not otherwise get to appear in the directory, but could be an important part of support planning.

• **The sequence of the directory.** When creating a directory, there may be initially only a few entries, and order (and size of tile) does not matter. However as more service providers become part of the directory, the order of entries becomes important (like people inventing names that start AAA to get to the top of an entry in Yellow Pages). On-line shops typically allow you to re-order material. Leeds has chosen reviews, other candidates on commercial sites might be price and availability, or participation in schemes like support with confidence (or even

\(^{33}\) [https://www.careopinion.org.uk/]
being an organisation that the council purchases from). The lack of a price should not take the resource to the top of a price–sorted list. The position of any placeholders will also matter in the order.

- **Care suppliers** are the major deliverers of care, as shown by the Skills for Care Infographic \(^{34}\). They, alongside community groups will make up much of the care directory. Like social care departments, their technical information skills may be limited. IMG’s work on the web of support suggested that it is important to envisage how they make their information available through any directory (or syndication). Most councils that discussed their online information with us while compiling this document felt that bringing suppliers and groups into a directory of services took them a lot of time. (From one to three people full time to compile the directory depending on the size of the authority, with an ongoing maintenance overhead). Enabling the care supplier or voluntary organization to maintain their entry is part of the functionality needed, with syndication as a long term preferred method, which will need standards. The alternative of local authorities having to maintain supplier entries, or, suppliers having to maintain entries in many directories (especially in conurbations) is not really sustainable. There are potential control problems with the form of entries or adverts that care suppliers use, which some councils handle through vetting entries, and others through a code of conduct. Some believe this is down to the consumer. Smaller charitable providers of care can get limited help with their skills from the Connecting Care project\(^{35}\).

- **Safeguarding.** The local authority does need the ability to suspend or remove a resource, where there are serious safeguarding concerns. Making the directory a way of raising safeguarding concerns also has value.

- **Market mapping** Directories are also resources to the local authority potentially supporting it to meet its market shaping and commissioning duties under Section 5 of the Care Act\(^{36}\), allowing it to see what is available in the area, and consider this in comparison with the needs profile of the area. This works only if the directories are reasonably comprehensive. Software needs to enable this aggregation (which may require some concept of quantity of resource available in the individual service).

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\(^{35}\) [http://www.ictknowledgebase.org.uk/connectingcare](http://www.ictknowledgebase.org.uk/connectingcare)

- **Microcommissioning or mini-tendering.** Some authorities are either enhancing the directories, so that they can send out a package of needs and ask suppliers to come back with priced offers to meet them (eg Harrow through CarePlace). Or they are using a separate internal staff only “micro-commissioning” facility (eg Birmingham).

**Continuous improvement through monitoring**

50. Monitoring online access should become a matter of routine, using a variety of survey mechanisms, because it is a developing trend and one that needs continual adjustment, based on evidence from users’ experiences. Google Analytics is a typical tool used as part of the help for this to measure hits, understand customer navigations and discover the most popular searches. Flexibility to amend the information pages, directory or tools in line with feedback is also a crucial feature. There are broadly two categories of indicators

**Online success**

51. The most important measures are:

- **Visit failure,** because this identifies the wasted opportunity and the avoidable cost of going offline to find out the answers

Example:

Did you find the information that you were looking for today?,

Yes, completely;

Yes, partly,

No, not at all or

Not looking for anything in particular;

If ‘Yes, partly’ or ‘No, not at all’ please tell us what you could not find and what you will do now’. This can be particularly important to drive developments to the local care market, where there is failure to find a resource in the directory.

- **Visitor satisfaction** (best expressed as those satisfied minus those dissatisfied), because, if undertaken regularly, or even better continuously this helps identify trends of improvement or deterioration)
Example:

Overall how satisfied were you with your experience online today?

on scale of 1 to 5 where 1 is extremely dissatisfied and 5 is extremely satisfied and 3 is neither satisfied or dissatisfied;

All 1s and 2s are subtracted from 4s and 5s, with 3s ignored)

52. Reasons for online contact (eg up to 10 most common tasks), because this should shape the design of the information architecture and keep this under regular review.

- For each task the percentage of online compared with offline, because this is a meaningful measure of channel shift couched in terms of specific customer tasks

- As well as monitoring the public response, it will also be important to gain feedback from other parts of the alliance that provides advice and information in the local authority.

Reasons for not going online

53. As we are in the midst of a trend to online access, many are still reluctant to move away from traditional offline access for a variety of reasons, many of which can dealt with by either improving the online experience or promoting better the online options. The Tinder foundation has been commissioned by NHS England to train 100,000 new users and their infographic shows their approach to supporting people to cross the digital divide\(^\text{37}\). This means that it is important to keep track of how many are still using offline access, and their reasons for doing so. Analysis of customer phone calls should be made to understand whether the website needs improving or people just need encouraging to use it, eg

- Tried to use the website for a transaction but were unable to complete
- Transacted online and called for reassurance
- Do not have internet access currently (not at home at time of call)
- Could not locate on website
- Were unaware that they could

• Do not have internet access at home
• Do not know how to use a computer
• Do not want to use a website

Other business information from monitoring

54. As mentioned above, reports on the directory can enable commissioners to see the extent of the local market and consider how to influence it. Queries and material recorded in tools will also help see patterns of needs in the community, again of value for commissioning.

The limits of on-line information

55. The online information and advice offer needs to be a component of a wider I&A service. While much information can be stored on-line, some situations can be too complex or pressured to allow for immediate self-service. Discharge to reablement facilities can frequently give a breathing space in which more detailed plans can be built. There is also a question as to whether an information base can be useful to both the public and the intermediaries commissioned by the Council to support them. Suggestions above would orient much information towards the most common situations, leaving more experienced workers to handle cases of a unique or more complex nature.

56. Other limiting factors:

• capacity of an individual to understand it
• personal circumstances needing advice
• lack of expertise in understanding needs, or, finding appropriate services to meet them
• the impact of emotion, especially in a crisis
• negotiation with a carer
• the language of the website – which can be helped by services like Google translate
Accessibility of on-line information

57. Mobile and other devices In the past most use of the internet by people accessing local government websites has been from PCs. There is a growing trend, and more and more people visiting local authority and other websites from mobile phones and tablets\(^{38}\).

58. In design and testing it is important to ensure accessibility – from PCs, tablets, mobile phones, and smart TVs

59. Accessibility standards are also important for people with disabilities. The government publishes an accessibility manual\(^{39}\) to enable good design in this area to inform all the site.
Like other elements of the user journey, testing this design is also important.

60. Accessibility is also determined by the language used on the site, and the language enabled for searching. Care and support uses many everyday terms, sometimes in special ways. The recent TLAP jargon buster\(^ {40}\) may help here.
Catering for different search terms, based on needs/problems; conditions or potential services will be a challenge.
Google translate may also usefully be used to convert material for non-English speakers.

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\(^{38}\) Socitm reports nearly 40% of visits to council websites were made on mobile devices in 2014

\(^{39}\) https://www.gov.uk/service-manual/user-centred-design/accessibility

\(^{40}\) http://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/CareandSupportJargonBuster/
Working in partnership

Local partners

61. As a web of support social care requires partnership working, and this can result in sharing costs and objectives. Managing partnerships, with a variety of cultures, IT skills and platforms also has its risks, and they should be part of the project risk register. The form of partnership working, can also have considerable influence on where the different information resources exist, and earlier material on ensuring a journey that is both smooth and designed around the customers’ needs is particularly important here.

62. Care suppliers are a major part of any directory, and potentially an alliance as well. One of the challenges frequently reported in setting up the directory (the major challenge reported in Yorkshire & Humberside) is getting care suppliers onto the directory. In the medium to longer term there needs to be a move towards syndication so that data is maintained by those with its knowledge and ownership. In the short term measures around availability and price, would usefully be syndicated (maybe through NHS Choices for registered suppliers, and by local amendment for unregistered ones). This subject needs further strategic work, since the public consulting NHS Choices loses through not having unregistered supplier data (maybe they need a placeholder for it), and their review service is also diminished by this.

63. Health – must be seen as a major partner with the trend towards integrated working, and then the integrated customer journeys will be important for design purposes. They have essentially similar service users and similar development needs around local information. Over 40% of visitors to the Carers Direct pages on NHS Choices have traditionally found their way to the information directly from a page giving information on a specific health condition. There is a potential for savings over joint budgets, and also the potential for joint marketing and campaigns. Links with health can be seen in information resources in Staffordshire and Seqol in Swindon. Health also has a tendency towards more national advice and information, and less of the community information focus in social care.

64. Voluntary and community groups – much of modern social care is focused on effective community support and building such communities. Building the on-line skills of these

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41 http://staffordshirecares.info/Homepage.aspx
42 http://www.seqol.org/careandsupport
groups will also be part of the strategy, since it enables them to access mutual support. They play a major part in both the use of the information and spreading knowledge about it. Directories of voluntary and community groups also exist independently of the Council, and it will be important to find common ground to provide the public with the simplest sources of information, rather than splitting them over several directories (which may be how they have grown to date).

65. **Housing** – can be a key feature in effective care, and also through supported housing provides direct care services. One of the most mature directories in Leeds\(^\text{43}\) is sub-contracted to a local housing organisation.

66. **Children’s** – have similar social care objectives and also have a need for directories of services, for example to support the SEN offer and for Foster Carers. It is worth remembering that look and feel may need to be different for different types of user. There is also a transition requirement for information about moving to adult care, and planning around this for a small number of service users.

67. **Software packages** Partners are also established by buying the same software, in regional consortia or nationally, providing a way of sharing costs. This may be more difficult where partners have different approaches to social care.

68. **Other local authorities** Information on care itself is rarely unique to one local authority; the basic system will tend to be the same, differing mainly in some policies and priorities (like a more community based preventative approach). The introduction of care accounts and a national eligibility threshold is likely to create greater standardisation. Equally care suppliers are rarely limited to the borders of an authority and in conurbations one service may cross many authorities. Yorkshire and Humberside councils jointly procured Connect to Support, with cost, experience and unity benefits. Y&H has specifications prepared for joint procurement. The North East Purchasing Organisation (NEPO) established a framework under which councils can purchase. In London, boroughs can join the CarePlace consortium delivered by the West London Alliance.

69. Whatever alliance is chosen, and in today’s financial climate alliances may be essential, there will be influences from the allies on who the audience for the site is. Equally any group not in the alliance will need to be worked with to ensure that the information

\(^{43}\) [http://www.leedsdirectory.org/](http://www.leedsdirectory.org/)
provided is getting through both to them and to the citizens for whom they can act as agents.

70. Much of what has been represented above is not about specifically local issues, and serving the general public will have similarities across the country. As both Socitm and ADASS IMG have found in other parts of technical delivery, it is valuable to have a network where people can publish and discuss their innovations and issues.

**Local and national connectivity**

71. Local authorities will need to consider in their information and advice planning the appropriate interface and balance between local and national sources of information and advice. Where appropriate, local authorities should signpost or refer people to national sources of information and advice where these are recognised as the most useful source. Examples might include:

- The NHS Choices website, which contains online quality profiles of registered care providers in local areas. Local authorities are encouraged to add local sources of information and advice to the online profiles and make sure their local registered care providers add information on the services and support they offer. By being limited to registered providers, it does not provide information on the rich variety of other local provision, or, make it easy to compare between registered and non-registered provision. Guidance on this is necessary in a site that is likely to be a first port of call. [http://www.nhs.uk/CarersDirect/Pages/CarersDirectHome.aspx](http://www.nhs.uk/CarersDirect/Pages/CarersDirectHome.aspx)
- The NHS Choices website. Health A to Z, detailed information on specific health conditions and how/where to access health services [http://www.nhs.uk/Pages/HomePage.aspx](http://www.nhs.uk/Pages/HomePage.aspx)
- Think Local Act Personal (TLAP) Interactive Care and Support Jargon Buster is a plain English guide to the most commonly used social care words and phrases and what they mean. [http://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/CareandSupportJargonBuster/](http://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/CareandSupportJargonBuster/)
- Carers Direct - national telephone helpline: Tel 0300 123 1053 ([http://www.nhs.uk/carersdirect/Pages/CarersDirectHome.aspx](http://www.nhs.uk/carersdirect/Pages/CarersDirectHome.aspx))
- Money Advice Service [https://www.moneyadviceservice.org.uk/](https://www.moneyadviceservice.org.uk/)
- SOLLA [www.societyoflaterlifeadvisers.co.uk](http://www.societyoflaterlifeadvisers.co.uk)
• The Care Quality Commission website, with its reports on the standards being met by all registered suppliers (also accessible through NHS Choices) [http://www.cqc.org.uk/]
• The Local Government Ombudsman [www.lgo.org.uk]
• Consumer websites providing people with information and advice, including on managing their finances well, for example [http://www.which.co.uk/elderly-care]
• National charities and/or advice services supporting people with disabilities or older people and those with expert knowledge of specific conditions (e.g. deaf blind). For example, [http://www.alzheimers.org.uk/] and [http://www.sense.org.uk/]
• National charities and advice services for carers, for example [http://www.ageuk.org.uk/] and [http://www.carersuk.org/]
• National resources related to housing, accommodation and housing related support, for example [http://www.firststopcareadvice.org.uk/]

Some national providers, for example the Money Advice Service and NHS choices, may also offer free access to tools, resources and information content that can be integrated into local authority websites or delivered in paper formats. Local authorities are encouraged to explore how they can make the most of cost-effective partnership opportunities with national providers. Referral or signposting to national sources should only occur where this is deemed to be in the best interests of the person and their circumstances and should not take the place of local services necessary for local authorities to discharge their duty under the Act. Local authorities will need to find the appropriate balance between local and national provision to cost-effectively meet their local need, and some of this decision making is also about effective customer journeys.

**Legal aspects of on-line information**

72. Depending on the scope of the online information provided, consideration will need to be given to the protection of citizens data (Data Protection Act 1998) and the legalities surrounding the advertisement of goods and services (Misrepresentation Act 1967, Sale of Goods Act 1979), particularly in the areas of:

• What data needs to be collected? If there is an online assessment or financial assessment process, is it stored anywhere? Or does it need to have the capacity to be sent anywhere?
• How is that data processed, is it processed by a supplier, the council and if so how can data protection be applied?
• Who is controlling the data and is it secure?
How has data protection, data control and data processing been explained to visitors of the site and is it valid?

Identity control, do citizens need to give their identity in any area of the site and is it secure?

Meeting legal duties in relation to presenting information. Is the information correct? Does it potentially ‘misrepresent’ services or costs provided? Having providers agree to a code of conduct helps here, but some sites have just produced an initial caveat.

Since the site will also link to other supporting sites, consideration needs to be given to ensuring that users know they are going to another site, with its own responsibility for information – using a disclaimer can help.

Raising awareness of the online services

73. The concepts of personalisation, together with the duties in the Care Act, and the direction of technological change have all altered elements of the way the public, the community and the council approach advice and information. For some councils this is a radical new approach, and for others it is building on work they have already started. For all there are changes in terms of material delivered, methods of delivery and the audience.

74. Making the potential audience aware of what is available and promoting its use is a critical part of this change. Earlier parts of the document have recommended identifying the audience, and the task here is to make sure that audience gets the use of the new facilities.

75. The audience is likely to be one of partners and agents as much as citizens direct, and marketing will need to both reach them, and enable them to spread the word to those in need. Since the potential users may not be technically literate, marketing alongside people addressing the digital divide (as the Tinder Foundation is for health) will also help to target new parts of the audience, and provide real things for them to do.

76. Birmingham’s case study (with a budget for a large authority of £20k) is presented as appendix C to this document, and they approached the public in places they were likely to use, including libraries and bingo halls, and also through community networks and groups. These will include current care suppliers, who have much contact with the vulnerable members of the population. One way to reach many of these organisations once the directory is established should be through the email addresses on that
directory (with consent) The other main partners that need a clear idea of social care are our partners in serving most of the target population - the health services. Birmingham found that GP surgeries were a good place to promote their online services, especially to practice staff. It should be remembered that not all health services are within the NHS.

77. While an initial introduction of the new service is vital, marketing is a constant concern. The service itself will be able to tell you about the users that you are (and therefore also are not reaching). Marketing will also happen around current health and social care issues (Staffordshire have a substantial budget for this), and it must be remembered that as you reach new elements of the population, you need to reconsider whether the customer journeys are devised for them (e.g. the new care accounts are likely to reach a market that is substantially more technically literate).

78. Selective “push” marketing is possible where people have left information about themselves on the system (ask for the right to do this); and it is also possible to use case finding jointly with health - subject to consent, and it is worth remembering that the advent of care accounts will potentially give access to data about most of the people with critical and substantial needs in the locality.

79. Since some of the services are council services, and the Council has the responsibility for advice and information in the locality under the Care Act, it is critical that any delivery mechanisms are well integrated with the Council web-site as a key part of the marketing. The Council web-site is likely to be the first place that is found via search engines for people looking at care in a locality.

80. If there is a partnership outside the Council delivering the service, it will be important to think about the brand, and how that integrates with the Council’s own branding to ensure the public understand the source of the information. Given the newer ways of access to web material, a QR code as well as a weblink will be a good way to enable speedy access straight to the right place.
Implementing on-line advice and information

Business case

A. Costs

Costs of setting up current online information services

81. The costs have varied widely between councils that have already set up a service, and they depend on local circumstances and alliances. At its cheapest, there is the cost of purchasing/devising software, and then setting up the information and any directory (including collecting supplier information or persuading them to input it.) For some councils that have done the minimum so far, this has been £30,000 and a person year of effort. There is ongoing maintenance, also probably a minimum of one person. This does not however build a resource across a care community, or ensure good integration with customer journeys, and between the council site and the purchased software. Large councils have spent much more - around £500,000 on creating their system (including self-assessment tools) and invested several members of staff in creating and maintaining the community resource.

A range of information on current practice on wider aspects of an information and advice service have been published by the Think Local Act Personal (TLAP) partnership. These resources are continuing to develop and are expected to cover some of the recent methods for being able to judge costs and cost-effectiveness of approaches. While not all examples and learning apply directly to on-line provision the wider lessons and advice will have some relevance.

Policy implementation costs and demographic costs

82. The Care Act modernises and provides more detail on the expectations and coverage of information and advice services relevant to care and support. The improvements in delivery necessary will have costs, both in extending current information and advice services to cover all care and support, and in providing the starting point for assessment of eligibility for both council service and care accounts. These were originally detailed at a national level in the Impact Assessment that accompanied the Caring for our future; reforming care and support White Paper. The cost to individual Councils will depend on what provision they have currently, what they are developing and how much they are

44 Available at http://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/
able to utilise the national information and sharing-tools that are being made available (see appendix B).

Councils will also need to consider the continuing cost (both in terms of service and assessment costs) of an expanding demographic needing care and support, which again needs estimating locally.

B. Benefits

Policy realization

83. The chief benefits identified in terms of realising policy is supporting two concepts. Early prevention and more informed decision making can lead to lower overall cost and better choice of care. Increasing self care and networking social capital, whether individual or from the community can improve the quality of life and hold down costs. The latter is partly created by enabling people to direct attention at strengths in their lives and ensure they are involved in a positive way.

Prevention and informed decisions:

84. These benefits are not easy to quantify and may not be achieved immediately. The aim is to ensure that citizens remain independent for longer. When estimating in this area Birmingham (with this project operating alongside other initiatives) were hoping for a decrease in residential costs of up to 5%, and an increase in community costs of 1%. However they expected four years before starting to realise a benefit and 10 years before fully realising it.

- Predictive activities, with information taken from needs and health colleagues, ensure citizens and targeted communities consider care options earlier and can take actions (like improve housing or create sources of support) that mean they remain successfully independent for longer;
- Establishing a universal information, advice and advocacy service for people needing services and their carers ensures citizens have access to quality information and tools in order to make informed decisions about their care, irrespective of their eligibility for public funding; this is expected to prolong their time before needing any public funding
- Swifter access to services can prevent deterioration, and people can be enabled to procure early for themselves by being aware of their lack of eligibility for public funding;
Agreed and shared outcomes ensuring citizens, irrespective of potential funding stream, need, illness or disability, are supported to a more fulfilling life;

- Supporting citizens to remain in their own homes for as long as possible as most desire, while alleviating problems of isolation and loneliness, often through voluntary services
- Citizens have control of their care and are better able to manage their own care through advice and advocacy, thus reducing numbers falling though to high and critical care needs;

Self and community service

85. The next benefit for the Council is increasing self and community service. Socitm have shown the relative costs of different forms of general contact as on-line information contacts costs £0.09 compared with telephone contact costs of £2.59 and face to face costs of £8.15. Although elements of social care may need more information than many enquiries, the ratio of costs is probably still similar.

86. While a citizen with high end needs and poorer personal support or skills will always need more expensive face to face professional help, representing days of professional time, anything enabling self-service can have a favourable impact on council budgets.

87. The Care Costs Cap introduced by the Care Act will increase assessments across the country. The Department of Health has estimated an. additional 180 - 230,000 assessments and an additional 440 - 530,000 reviews in 2016-7. While these assessments may prove easier than the current ones, which cost around £2billion per annum across England, it can still be seen that achieving some self-service for a portion of this cohort will be important.

- Online information enables a community and individuals to help itself, harnessing the effort of much more than just the local authority in the care of vulnerable individuals; this also spreads understanding of the system
- Citizens can self-assess (or be helped by their agents - see the National Voices approach to Care and Support cited earlier) in order to identify their needs as they perceive them and then directly procure care;
- Care workers are able to focus more on their core role and provide better support to highest need cases.

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46 Better with less: delivering public services in the digital age, Socitm December 2013
47 DH Social Care Funding Reform Impact assessment (2013) p.35
C. Strategic benefits

88. The overall aim is a better informed community, which works together with more managed choices

- Authentic partnerships can be built (or enhanced) with Corporate Directorates, local NHS, other statutory agencies, third and private sector providers, users and carers and the wider local community;
- Good information and working together to create the information base can increase joint operational synergies between all partners and especially with health (Yorkshire and Humberside report improvements in regional co-operation from their joint project on information);
- The knowledge from the directory, needs and monitoring use should enhance the Joint Strategic Needs Assessment (JSNA)
- Locally agreed approach, which informs the Sustainable Community Strategy, utilising all relevant community resources especially the voluntary sector so that prevention, early intervention and enablement become the norm;
- Increase in choice of services and providers for service users, through mapping and managing the market, providing changing support for all levels of needs as they are also mapped
- A wider information base and training enhances skills and competencies for care workers and associated staff, whether within or outside the local authority;
- The capacity to plan sufficient availability of personal advocates and professional advisers in the absence of a carer or in circumstances where citizens require support to articulate their needs and/or utilise the personal budget;
- Implementation of a framework for proportionate contact and social care needs assessment to deliver more effective, joined-up processes with increased emphasis on self-assessment.
- In London, the implementation of CarePlace has brought significant savings in procurement costs (estimated at up to £10 million across the West London Alliance) by making visible to internal brokers prices paid for comparable services across all the boroughs.

D. Benefits – direct cost advantage

89. There are two ways in which the new approach can create direct cost advantages, but these are not savings, since similar work will be needed to maintain the new information resource.
The main ones are savings on compilation and printing of current printed directories (for a large authority like Birmingham, this was £20,000). However the compilation effort needs to go into the wider directory envisaged above, and printing is still needed, even if scattered over a variety of alliance locations.

There will also be benefits from the transfer of some current enquiries to online services, but this will be overtaken by the wider range of enquiries that the new service and care accounts will stimulate (maybe even in the older traditional social services).

**Project/programme management**

Like all technology and major projects, there is a need to ensure definition, successful implementation, risk management and delivery of benefits. Many of the projects flagged on the TLAP website[^48] emphasise this as a major area of learning.

Appendix A Birmingham Community Navigators Scheme

This brief case study is presented to highlight one of the different sorts of community initiatives that may act as agents for individuals in accessing on-line information, to emphasise the new role of providing a resource to the community, not just individuals.

Background information:

Birmingham City Council (Adults & Communities directorate) is working in partnership with Turning Point, a not for profit organisation with community engagement and service delivery expertise, to understand better how to connect people and services in a timely and effective way.

A two year pilot ‘Community Navigator’ service has been developed in conjunction with the local community in Ladywood and Kingstanding. The first year was concerned with undertaking initial research and engagement and to undertake an audit of need with residents, specifically older people and adults with a learning disability, a physical disability or mental health condition. This information has been used to inform the design of the new Community Navigator service that went live in July 2013.

The aim of the service is to improve the health and wellbeing of the population of Kingstanding and Ladywood with a particular focus on older adults, people with mental health issues, physical and/or learning disabilities/ difficulties, by improving access to the existing care and support services in the area and enabling citizens to use community tools to help them access services.

The cornerstone of this service is to empower citizens to self direct their care by supporting and enabling the use of the My Care In Birmingham website to identify needs and locate services to support those needs. The service is targeted at all adults in these client groups and their carers, with a particular focus on people not currently engaged with any services.

The pilot was broken into two phases:-

Phase 1 (year one):-
Undertake an audit of need with residents, specifically older people and adults with a learning disability, a physical disability or mental health condition to form the basis of an agreed Service Specification and an audit of services existing in the identified pilot areas.
Phase 2: (year two)
To provide the following in the Kingstanding and Ladywood areas:

- Community Navigation Pilot
- Develop Health and Well Being Coaching/Coaches
- Develop Volunteer Schemes
- Develop Timebanks
- Support Community Development/Social Enterprise.

The Birmingham Community Navigator service went live on 15th July 2013 and the team have been promoting and publicising the service in Ladywood and Kingstanding and have been supporting an active caseload of service users.

Volunteers
Volunteer recruitment started at the beginning of August 2013 and the service ran induction sessions for the volunteers that joined the team to ensure that they are prepared and supported in their role.

The Birmingham Community Navigator Service currently has:

- 18 volunteers who have completed their induction and training programme. The second training/induction event took place at the end of November.
- 12 volunteers who are ready to undertake their induction and training.

The role of the volunteers is to:

- Support the Community Navigators
- Supporting the new Community Transport runs
- Befriending
- Training and support in using My Care in Birmingham
- Promotional activities
- Attending the two new weekly Community Connections groups in Ladywood and Kingstanding
- Supporting the Kingstanding Timebank
- Production of the newsletter
- Supporting the recruitment process for new volunteers
- Supporting the staff recruitment process

GP Practice Surgeries
The service has worked with local GP Practices to set up weekly surgeries in both Ladywood and Kingstanding. The Practices identify patients in their care who they think would benefit
from engaging with the service. The Birmingham Community Navigation team are actively supporting individuals at the practices and then working with them in the community after the initial meeting and it is envisaged that there will be a rolling programme of further work with additional GP Practices.

Community Engagement
In addition to the signposting and 1:1 work, the Birmingham Community Navigation team have also dedicated hours to attending existing groups, services and community resources to be at the places that individuals are already accessing.

Community Development
The Birmingham Community Navigation is developing various initiatives within the pilot areas. To date the following has been established.

- Partnership working with ICare
- Transport in our Communities
- Armchair Exercise
- Diabetes Peer Support Group
- Ladywood and Kingstanding Community Connection Groups
- Fire service (Vulnerable Persons Officers)
Appendix B – NHS Choices Syndication

NHS Choices remains one of the biggest health and care websites in Europe. Every week, millions of visitors search for health and care services on NHS Choices. Users can search for detailed information on care homes and domiciliary care services including, facilities, staff and service specialities. As well as this, NHS Choices offers a wealth of social care specific content, which will be developed and extended to reflect the new Care Bill, and provides users with relevant quality and performance data to support them in their care planning. All of this content and data is freely available to whoever wants it via NHS Choices syndication so local websites do not need to replicate content and can focus on local support.

NHS Choices syndication

Syndication allows you to pull content from the NHS Choices website via an API. This means that any information you syndicate will remain up-to-date, regardless of any changes we make. This content spans the website, meaning you can pull in service data, feedback on care providers, single articles or whole chunks of information enabling local authorities to meet their information provision commitments.

Evidence shows that many people turn to their council for information on general health and local health services. As well as the information provision commitments, reforms to the NHS mean that councils are expected to take up more responsibility around health in the community, which means more people will turn to their local councils for information and advice.

1. Comprehensive advice and information

NHS Choices syndication offers the following to support the commitment to providing comprehensive advice and information.

Services near you

NHS Choices offers councils an opportunity to incorporate a complete directory of registered social care providers, NHS and other health services to their website or database. All directories and information are regularly updated and all updates are automatically fed into your website, service directory or platform. Social care organisations can also provide information to us via our organisation API. This provides a resource of registered providers that can be updated once and made available to all local authorities, reducing the burden and allowing them to concentrate on supplementing this information with details of local resources.

Every Care Quality Commission (CQC) registered adult social care provider (care homes, home care, supported living and shared lives schemes) has an online quality profile on NHS Choices, which the provider can edit for free. The profiles provide the public and professionals with a comprehensive and trusted source of comparative information about registered care providers anywhere in England.
They contain basic details about the providers’ location, services it is registered to provide and compliance with CQC Essential Standards. They also contain any reviews and ratings from the public posted onto NHS Choices or pooled from a growing number of partner review sites.

Each social care organisation has the ability to update its own profile through our content management system and through our inbound API, which makes the job of updating profiles much simpler.

By using our API, providers of multiple social care organisations will avoid the time consuming task of updating service information on many different profile pages as the API enables profile updates from corporate websites. Providers without technical resources can also benefit. They can nominate one out of five comparison site partners to have editing rights on their profiles. The partner will then use the API to update the listing information from its own site, through the API, directly into the provider’s profile page.

**Comments**

User feedback allows members of the public to post comments about their experience with individual service providers. NHS Choices is an aggregator of social care comments, including Care Home, Good Care Guide and Working Feedback. Through syndication, any comments captured by local authorities and fed to NHS Choices are also automatically fed to the CQC, reducing management and communication time.

**Care and support**

Care and support is an essential guide to social care. It also offers content and advice to the five million people in England who look after someone else, including information about benefits, local care services, and more. This content is being developed and extended to reflect the new Care Act.

**2. Integration between health and care**

NHS Choices syndication offers the following to support the commitment to greater integrate health and social care information and services.

**Common health and social care questions**

Provide a database of the most commonly asked health questions, and can give instant answers on topics such as dental costs, how to register with a GP, and travel vaccinations. This is currently being expanded and will soon cover common social care questions. We are compiling the top questions which have been asked by consumers to councils, particularly around the Care Act and what it means to consumers.

**Health A-Z**

This section provides information and advice on more than 800 conditions and treatments in an easy and comprehensive way. Top doctors and health professionals share their knowledge and advice, while patients give an insight into coping with particular conditions or procedures.

**3. Prevention and wellbeing**
NHS Choices syndication offers the following to support the commitment to prevention and wellbeing.

**Live Well**
A lifestyle section that provides guides, tips and high-quality information on how to live a healthier life. Covering around 110 broad areas, covering a wealth of public health based topics, with articles, videos and interactive tools being continually added. This information can be segmented by age and gender, for example relevant articles for people aged over 60 and topic areas such as winter health.

**How to access NHS Choices syndication**
If you would like to become a syndication partner and use NHS Choices content and data on your digital platforms, simply fill in the registration form provided in the [NHS Choices syndication area to register as an organisation](#). You can get more detailed information on NHS Choices syndication in our [implementation guide](#).

**Widgets**
Content via syndication should be simple to integrate, assuming you have access to someone with the requisite technical knowledge as it will involve writing back-end scripts such as PHP or .NET. If you don't have this knowledge or access to it, you can use our widgets to integrate [Services near you](#) (directory of health and social care services), [Health A-Z](#) (conditions and treatments explained) and [Live Well](#) (healthy living advice). The widgets are easy to configure and use, and work by giving you embedding code to add to your webpages, producing the desired widget. For further information, see our [syndication widget area](#).

We have plans to launch a registered social care provider directory widget and a commenting widget in the autumn.
Appendix C Birmingham Marketing Case Study

Introduction
If a radical/new approach has been designed and implemented, thought and support needs to go into how people know of its existence and exactly how they can use it. Posters advertising a website that doesn’t say what the website will do won’t stay in people’s memory when the time comes for them to use it.

Background
In Birmingham, their radical solution, the first in the country, www.mycareinbirmingham.org.uk launched by Adults and Communities Directorate, provides people funding their own social care, those who receive a direct payment and staff with all they need to know about adult social care, helping them take action themselves to get any support they need.

Their business case was to enable more people to self direct their care and support, moving away from traditional phone calls and paper documents. Their solution was to design and implement a one-stop web-site, giving people the power to find out for themselves, digitally, 24/7:

• information and advice on any aspect of adult social care
• assess their own care, support and equipment needs and plan for their future
• find goods and services and keep a bespoke shopping cart to transact with providers, maintaining independence and quality of life

To ensure the web-site met the needs of real people they consulted and involved service-users and providers of care in testing the web-site during its development, listened and acted on their opinions and continued to do so through engagement activities. Birmingham developed the web-site to be a community tool, which they are intending to hand-over to a social enterprise.

Marketing
As it was a radical change from the way citizens approach the Council, a radical way to market it would be needed. Instead of merely publicising the site they embarked on a marketing campaign designed to show people what the site could do for them, moving away from the traditional marketing approaches (leaflets, posters, corporate Pull ups all in a corporate brand) as it was felt by citizens to be far too corporate in design, didn’t reflect citizens and wasn’t directed at them.

Birmingham developed marketing materials involving real citizens. Two citizens, Pat and Tony were selected to be life size models for life size leaflet dispensers, made out of a recyclable polyfibre which, due to the reduced cost, could be left in Bingo halls, surgeries, libraries etc. Anywhere the people were.

As it was a new marketing approach, they piloted marketing in Ladywood and Kingstanding (2 districts within Birmingham) by actively engaging local community groups and schemes and then extending the model to third sector and businesses, including opticians, dentists, pharmacies, charities; care organisations are supporting the web-site by advertising as providers. Birmingham
promote their site by not only leaflets and advertising boards but by engaging citizens and support workers within communities.

GP surgeries were visited to promote MyCareinBirmingham, for example at the Pearl Health Centre in Washwood Heath 20 health professionals were trained on MyCareinBirmingham, now used as a way for patients to find all levels of community information and support and this model has been extended successfully throughout Birmingham GP surgeries. They have also developed a Hospital Radio advert which is played across all Birmingham hospitals and every GP surgery in Birmingham advertises MyCareinBirmingham on surgery TV screens and promotes the web-site to all appropriate patients.

Marketing is on-going and undertaken by their My Care in Birmingham Helpdesk Team which is staffed by two workers who also ensure the site is up to date, fix errors and assist suppliers & citizens in using the web site. The team also visits all social care providers in Birmingham to help them advertise their services on the marketplace. To date the site has 5000 adverts for services to help people find the right care for their personal situation.

Birmingham developed a QR code which could take people directly to the site so they didn’t have to search or find the right words to find the site and also means that any changes to the site will not affect the publicity already in the communities

The results demonstrate the success in gaining regularly 5000 visits (per month) to the marketplace, 1000 visits to needs and goals where people assess their needs and planning their care and 5000 visits to information and advice, people finding out about any aspect of adult social care. Monthly visits to MyCareinBirmingham are now totalling over 10,000 and increasing.

Budget and development

Birmingham’s budget for marketing MyCareinBirmingham was £20,000 and the campaign came in comfortably within that budget.

Birmingham are also developing the site further, increasing it to include services for children and will be using the same marketing approach.
Appendix D – Headings from Barnsley Navigation structure

In creating their site Barnsley did a large navigation structure, and the headings from this material are attached. All sites that use feedback like Barnsley are inevitably dynamic and continuously changing. However, these headings might usefully provide a checklist of many of the things that could be included, although it must be remembered that a crucial part of the design is about keeping things simple, prioritizing the most important user requirements – not easy in a field with much complexity like social care.

Barnsley headings.pdf